





2662

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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |    | Application No.        | 09/090,096         |
|   |    | Filing Date            | June 3, 1998       |
|   |    | First Named Inventor   | Gene Chui          |
|   |    | Group Art Unit         | 2662               |
|   |    | Examiner Name          | Logsdon, Joseph B. |
| Total Number of Pages in This Submission  | 30 | Attorney Docket Number | 81862P096          |

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> PTO/SB/08<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return Postcard<br/><br/><b>RECEIVED</b><br/><br/>APR 09 2003<br/><br/>Technology Center 2600</div> |
| Remarks  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Robert B. O'Rourke, Reg. No. 46,972<br><b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b> |
| Signature                                  |  |
| Date                                       | 3/31/03  |

| CERTIFICATE OF MAILING/TRANSMISSION   |                       |                  |                       |
|---|-----------------------|------------------|-----------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box Non-Fee Amendment, Assistant Commissioner for Patents, Washington, D.C. 20231 on: <b>March 31, 2003</b> |                       |                  |                       |
| Typed or printed name   | <b>Janece Shannon</b> | <b>3-31-2003</b> |                       |
| Signature   |                       | Date             | <b>March 31, 2003</b> |

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| FEE TRANSMITTAL<br>for FY 2003  |  | Complete if Known    |                    |
|---|--|----------------------|--------------------|
| Effective 01/01/2003. Patent fees are subject to annual revision.               |  | Application Number   | 09/090,096         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. |  | Filing Date          | June 3, 1998       |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | First Named Inventor | Gene Chui          |
|   |  | Examiner Name        | Logsdon, Joseph B. |
|   |  | Group/Art Unit       | 2662               |
|   |  | Attorney Docket No.  | 81862P096          |

| METHOD OF PAYMENT (check one)  |              | FEE CALCULATION (continued) |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
|--|--------------|-----------------------------|--------------|---|----------|----------|----------|----------|----------|------|-----|------|-----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|---|--|------|-----|------|----|---|--|--------------|--|--|--|------|------|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account  |              | <b>3. ADDITIONAL FEES</b>   |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| Deposit Account Number: 02-2666<br>Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| The Commissioner is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account   |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| <b>FEE CALCULATION</b>   |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| <b>1. BASIC FILING FEE</b>   |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td></td></tr></tbody></table>   |              | Large Entity                | Small Entity | Fee Description   | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750 | 2001 | 375 | Utility filing fee     |  | 1002 | 330 | 2002 | 165 | Design filing fee                 |  | 1003 | 520 | 2003 | 260 | Plant filing fee                      |  | 1004 | 750 | 2004 | 375 | Reissue filing fee                                |  | 1005 | 160 | 2005 | 80 | Provisional filing fee                                    |  | SUBTOTAL (1) |  |  |  | (\$) |      |  |  |
| Large Entity   | Small Entity | Fee Description             | Fee Paid     |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| Fee Code   | Fee (\$)     | Fee Code                    | Fee (\$)     |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1001   | 750          | 2001                        | 375          | Utility filing fee  |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1002   | 330          | 2002                        | 165          | Design filing fee   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1003   | 520          | 2003                        | 260          | Plant filing fee  |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1004   | 750          | 2004                        | 375          | Reissue filing fee  |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1005   | 160          | 2005                        | 80           | Provisional filing fee                                    |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| SUBTOTAL (1)   |              |                             |              | (\$)  |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple Dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$)</td><td>0.00</td></tr></tbody></table> |              | Large Entity                | Small Entity | Fee Description   | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20 |  | 1201 | 84  | 2201 | 42  | Independent claims in excess of 3 |  | 1203 | 280 | 2203 | 140 | Multiple Dependent claim, if not paid |  | 1204 | 84  | 2204 | 42  | **Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9  | **Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  |  | (\$) | 0.00 |  |  |
| Large Entity   | Small Entity | Fee Description             | Fee Paid     |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| Fee Code   | Fee (\$)     | Fee Code                    | Fee (\$)     |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1202   | 18           | 2202                        | 9            | Claims in excess of 20                                    |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1201   | 84           | 2201                        | 42           | Independent claims in excess of 3                         |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1203   | 280          | 2203                        | 140          | Multiple Dependent claim, if not paid                     |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1204   | 84           | 2204                        | 42           | **Reissue independent claims over original patent         |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| 1205   | 18           | 2205                        | 9            | **Reissue claims in excess of 20 and over original patent |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| SUBTOTAL (2)   |              |                             |              | (\$)  | 0.00     |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| Total Claims: 94 - 94* = 0 x 18.00 = \$0.00<br>Independent Claims: 6 - 6* = 0 x 84.00 = \$0.00<br>Multiple Dependent: = =<br>SUBTOTAL (3) (\$)   |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
| *or number previously paid, if greater, For Reissues, see below  |              |                             |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |
|  |              | SUBTOTAL (3) (\$)           |              |   |          |          |          |          |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |   |  |      |     |      |    |   |  |              |  |  |  |      |      |  |  |

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| SUBMITTED BY      |                    | Complete (if applicable)          |                |
|-------------------|--------------------|-----------------------------------|----------------|
| Name (Print/Type) | Robert B. O'Rourke | Registration No. (Attorney/Agent) | 46,972         |
| Signature         |                    | Telephone                         | (408) 720-8300 |
|                   |                    | Date                              | 3/31/02        |

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.